

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street)

8735 Henderson Road

Check if different
than previously
reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2016

through

M M / D D / Y Y Y Y Y Y
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Jankovic, Goran, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Jankovic, Goran, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 26 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2016</div>		<div>147436.88</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>117319.91</div>	
(c) Total Receipts (from Line 19)	<div>19818.72</div>	<div>181201.75</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>137138.63</div>	<div>328638.63</div>
7. Total Disbursements (from Line 31).....	<div>10500.00</div>	<div>202000.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>126638.63</div>	<div>126638.63</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18443.35	129192.65
(ii) Unitemized	1375.37	52009.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19818.72	181201.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19818.72	181201.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19818.72	181201.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19818.72	181201.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	11000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	11000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	123500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	10500.00	67500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10500.00	202000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	202000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19818.72	181201.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19818.72	181201.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	11000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ahmed, Saleh, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28838

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Harvey D., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28932

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anderson, Vanessa, Lea, ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28762

Amount of Each Receipt this Period

9.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

67.31

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anselmo, Joseph, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	07	2016

Transaction ID : SA11AI.28901

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Asencio, Norma I., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	07	2016

Transaction ID : SA11AI.28894

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Asher, Andrew, L., ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	07	2016

Transaction ID : SA11AI.29050

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

232.36

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Atkinson, Timothy W., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28918

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baker, Marie E., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28862

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ballew, Angel L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28921

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bartley, Lisa A., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28786

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bertrand, Matthew J., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28893

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bird, Sean L., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28792

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

57.69

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bisesi, Phillip P., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28870

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blevins, Dustin, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28849

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bollent, Jason T., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28867

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Breon, Richard, , ,

Mailing Address 4177 Thousand Oaks, N.E.

City
Grand Rapids

State
MI

Zip Code
49525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Spectrum Health

Occupation (for Individual)

c.e.o.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : SA11AI.28716

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brogan, Edward J., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28837

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Kimya M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28842

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5038.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buffenstein, Alan A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28826

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burdick, Kenneth A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29049

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burke, John, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29006

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

307.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, Eric W., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28967

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cashen, Christine K., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28825

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Champagne, Robert A., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28943

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chapman, Donna M., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28822

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cheshier, Christine M., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28833

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Childs, Linda R., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28815

Amount of Each Receipt this Period

19.23

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clegg, Thomas, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28979

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clem, Erin, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28926

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cox, Ann, C., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28988

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Craig, Benjamin M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28803

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cramer, Justin R., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28941

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cubero, Christopher C., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28938

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cup Choy, Daniel, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28720

Amount of Each Receipt this Period

1.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cure, David, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29008

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Curry-Mack, Lawanda N., D., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28995

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Darley, Lisa R., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28802

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davies, William, W., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29044

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dawes, Christopher, C., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28929

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeBoe, Valerie, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28909

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Demonbreun, Desiree, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28787

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dempsey, Francis, P., ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28930

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Desai, Palak N., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28831

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edmondson, Michael, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28964

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Enzinna, Carolyn M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28797

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Everett, Thomas M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28936

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Faust, Lisa R., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28850

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Featherston, John, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28871

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferguson, Traci L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29003

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flohr, Robert L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28843

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fogarty, Ryan B., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28902

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

136.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ford, Dalvin, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28905

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Forgang, Marjorie P., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28946

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frakes, Vincent L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28935

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Frank, Paul H., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28820

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. French, Dana, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28917

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Genco, Leonard, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28788

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gerasimovich, Michael, A., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28795

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gerlach, Roger T., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28808

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ghanayem, Darren, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29048

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

188.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gianini, Elizabeth A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28954

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gianquinto, Jr., Louis, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29004

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gibson, Sabrina H., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28984

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Lori A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28939

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Greeley, John D., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28913

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gregory, Lori-Don M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28992

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

113.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffin, Dauda, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28854

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guay, Patricia B., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28934

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutierrez, Alexander, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28920

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

96.15

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haber, Michael, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29040

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hagan, Colleen, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28966

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, Nicole, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28784

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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PAGE 30 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hamilton, Jason, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28919

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hansen, Craig M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29016

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harrison, Dan M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28968

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 31 OF 80

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hausenfluck, Merrill, J., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28982

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Christine M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28793

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Henderson, Quinn A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28953

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henderson, Scott E., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28863

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Herrmann, Johanna, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28853

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hildreth, Troy, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28978

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.29013

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinsdale, William, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28981

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Horan, Christopher H., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28827

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Horner, Jacob S., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28844

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hungiville, Laura, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.29038

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hyman, Marlene, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28817

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Idowu, Olumide, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28781

Amount of Each Receipt this Period

13.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jankovic, Goran, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28987

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jazmines, Hermilo, O., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29047

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

148.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jimenez, Manuel C., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28839

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Fred T., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28857

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Karen, M., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28996

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Walter C., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28923

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Jacqueline M., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28895

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Laura, A., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28983

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Rachel, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28835

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Stephen, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28975

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kensicki, Paul, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29009

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimbrough, Janet H., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28824

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kincaid, Thomas M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28904

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. King, Sharon, L., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28869

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirchner, John J., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29011

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knowles-Spruell, Lisa L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28952

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Korda, Stephan, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28889

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

153.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kulich, Roman T., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29012

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Latney-Battle, Ladonna Y., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28798

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lim-Greene, Annabelle, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29042

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lincoln, Jessica, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28846

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Long, Crawford, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28961

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lovgren, Luke C., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28789

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lyons-Taylor, Pam A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29046

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maslanka, Joanna M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28875

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Matyas, Carole A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29007

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mayo, Faustino, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28896

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCabe, Angeline C., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28848

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McComb, Ray, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28925

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McKenzie, Leslie D., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28903

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKinnie, Sarah Helene, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28806

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McNally, Tanya M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28814

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mellor, June, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28791

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Elizabeth M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28812

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mims, Rhonda, R., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29052

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mitchell, Eufemia E., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28879

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moorhead, Debbie Lynn, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wellcare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28900

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morris, Heather S., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28971

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mullen, Timothy M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28883

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mulqueen, Kathleen, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28892

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Munson, Kelly A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28884

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murray, Raymond, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28888

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nibert, Dawna, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28852

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nisbet, Sharon, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29002

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 50 OF 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Norton, Shunae E., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28829

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Orlosky, Michael J., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28944

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orris, Benjamin, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28873

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palermo, Nino A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28886

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papoulis, Stephanie, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28898

Amount of Each Receipt this Period

19.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peal, Margaret E., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28957

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phin, Laura, B., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28796

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Piagentini, Anthony B., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28959

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pinckney, Julia, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28899

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Piskutz, Cheryl L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28813

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Podbielski, Sue, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28955

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poland, Patrick, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29014

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Polen, Michael, R., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29053

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Powell, Traci, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28997

Amount of Each Receipt this Period

57.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Price, Christopher, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28974

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Purvis, Marla P., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29039

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Radu, Michael, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2807.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29051

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Randall, Ryan, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29036

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

384.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ray, Jeffrey S., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28990

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ray-Alexander, Joiel Yvette, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29015

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Read, Anne, E., ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28887

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, David T., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28821

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ridenour, Michael L., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28933

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rubel, Lauralie, M., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29045

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rudd, Rachael R., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28940

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruediger, Christine, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28980

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruska, Phyllis J., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28823

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

96.15

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Russell, Patricia A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28804

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salzer, Abby Dritz, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28937

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Samerson, Marie E., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28958

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmidt, Tracy, M., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28799

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartz, Hania, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28836

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, Jeffrey P., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28805

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shaps, Howard, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28834

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shaw, Jr., Elliott A., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28998

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simmons, Randall, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28828

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

113.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sivik, Scott, J.,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29035

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smart, Lawrence, R.,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28877

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Alan, R.,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29041

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Randall W., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28960

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Solomon, Donna, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28963

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stalas, Philip G., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28801

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steckel, Carol H., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28945

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stiger, Wesley K., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28807

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stratman, Derek A., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28928

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

96.15

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Talbert, Charles N., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28856

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Cynthia, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28947

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toder, Elissa A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28874

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Toomey, Mary Jane, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.60

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28779

Amount of Each Receipt this Period

11.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Torres, Miguel, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28868

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Torres-Cabrera, Emmalou, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : SA11AI.28841

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Troutman, Crysten C., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28794

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trubeck, William, , ,

Mailing Address 3300 Fox Street

City
Long LakeState
MNZip Code
55356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.29054

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turano, Michelle, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1307.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29017

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

5115.38

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valdes, Anthony J., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28830

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VanSteelant, Lisa, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28986

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Viel, Leonel, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28876

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waggoner, Timothy, R., ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28891

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walden, Ballard P., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28866

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Crystal W., , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.28818

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wang, Ed, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28991

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warner, Kathy, C., ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28878

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Washington, Dale, , ,

Mailing Address 8735 Henderson Road

City
TampaState
FLZip Code
33634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.28956

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

99.35

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watson, William K., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28989

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wellons, Richard A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28819

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitaker, Michael A., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28882

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Jessica, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28927

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wills, Marketa, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28962

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Xie, Chang, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28890

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Xie, Shaojuan, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28832

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Xiong, Yan, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29043

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yates, Mary Virginia, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28880

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yiu, Yin, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28800

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Belinda, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28785

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, JoJo M., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28872

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yount, Michael, Carl, ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.29005

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zerbe, Annette, L., ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28790

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zheng, Le, , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28811

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zinke, Carlene C., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28924

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zinna, Scott R., , ,

Mailing Address 8735 Henderson Road

City
Tampa

State
FL

Zip Code
33634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellCare Health Plans, Inc.

Occupation (for Individual)
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.28885

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

18443.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Brent Jackson for NC Senate

Mailing Address 2924 Ernest Williams Road

City
AutryvilleState
NCZip Code
28318Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C**Transaction ID : SB29.29019**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Susan Martin

Mailing Address P. O. Box 8157

City
WilsonState
NCZip Code
27893Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C**Transaction ID : SB29.29026**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Norman Sanderson

Mailing Address 405 Two Lakes Trail

City
New BernState
NCZip Code
28560Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C**Transaction ID : SB29.29029**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

1000.00

 Memo Item

Transaction ID : SB29.29032
Amount of Each Disbursement this Period

Memo Item

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '07', and the third shows '2016'. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB29.29022
Amount of Each Disbursement this Period

Memo Item

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Malone for NC House

Mailing Address P. O. Box 967

City
Wake ForestState
NCZip Code
27588Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C **Transaction ID : SB29.29027**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phil Berger Committee

Mailing Address P. O. Box 1309

City
EdenState
NCZip Code
27289Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C **Transaction ID : SB29.29031**

Amount of Each Disbursement this Period

 1500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ralph Hise for North Carolina Senate

Mailing Address P. O. Box 86

City
Spruce PineState
NCZip Code
28777Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C **Transaction ID : SB29.29033**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 80

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tommy Tucker for NC Senate

Mailing Address 1206 Rosehill Drive

City
WaxhawState
NCZip Code
28173Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C

Transaction ID : SB29.29024

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 1000.00 10500.00